

09/11/03
13142 U.S. PTO

PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.

First Named Inventor

Robert M. Fous

Original Patent Number

6,289,515

Original Patent Issue Date
(Month/Day/Year)

09/18/01

Express Mail Label No.

ER 212448091 US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. ☐ Original U.S. Patent currently assigned? ☐ Yes ☒ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all
changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original Patent Grant
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS

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22,437

Signature

Date

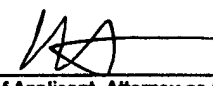
9/11/2003

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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10/662036
09/11/03

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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional)		
Claims as Filed – Part 1									
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
				Rate	Fee		Rate	Fee	
(A) 3	Total Claims (37 CFR 1.16(i))	(B) 13	**** 0 =	x \$ _____ =			x \$ _____ =	0	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ _____ =		or	x \$ _____ =	0	
				Basic Fee (37 CFR 1.16(h))		\$ _____	\$ <u>750</u>		
				Total Filing Fee		\$ _____	OR	\$ <u>750</u>	
Claims as Amended – Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee		Rate	
Total Claims (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ _____ =			x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =	
					Total Additional Fee		\$	OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>750</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;"><u>9/11/2003</u></p> <p style="text-align: center;">Date</p> <p style="text-align: center;"><u>22,437</u></p> <p style="text-align: center;">Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: right;"> <p style="text-align: center;"></p> <p style="text-align: center;">Signature of Applicant, Attorney or Agent of Record</p> <p style="text-align: center;">Robert E. Howard</p> <p style="text-align: center;">Typed or printed name</p> </div> </div>									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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September 11, 2003

Mail Stop REISSUE
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Sir:

Transmitted herewith for filing under 35 U.S.C. 251 is the reissue patent application of ROBERT M. FOUS entitled: ERGONOMIC FIELDING GLOVE.

Enclosed are:

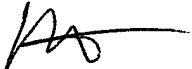
- [x] Reissue Patent Application Transmittal (PTO/SB/50)
- [x] Reissue Application Fee Transmittal Form (PTO/SB/56).
- [x] Check in the amount of \$750.
- [x] Specification and claims in double column format
- [x] 2 sheets of drawing.
- [x] Reissue Declaration/Power of Attorney (3 pages)
- [x] Statement of Claim Status and Support under 37 CFR 1.173(c)
- [x] Return Receipt Postcard.

Pursuant to 37 C.F.R. 1.178(a), reissue applicant hereby offers to surrender original patent number 6,289,515.

Please address all correspondence to:

Robert E. Howard
P.O. Box 10345
Eugene, OR 97440

Respectfully submitted,



Robert E. Howard
Registration No. 22,437

CERTIFICATE OF MAILING BY EXPRESS MAIL

Express Mail mailing label number: **ER212448091US**

Date of Deposit: September 11, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail to Addressee" service under 37 C.F.R. 1.10 on the date stated above in an envelope addressed to: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Robert E. Howard
Name of person mailing paper or fee



Signature

September 11, 2003
Date